

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH SYSTEM REGULATION
DIVISION OF MEDICAL QUALITY ASSURANCE**

In re: Claire Migliorisi

Petition No. 960320-20-007

REINSTATEMENT CONSENT ORDER

WHEREAS, Claire Migliorisi of Watertown, Connecticut (hereinafter "respondent") has been issued license number 010077 to practice hairdressing and cosmetology by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 387 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on April 4, 1982, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from April 5, 1982, until approximately February of 1996, she practiced hairdressing and cosmetology at Jonathan's Hair and Skin Center, Watertown, Connecticut, without a valid current license to do so;
2. That the conduct described in paragraph 1 above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6).

NOW THEREFORE, pursuant to §§19a-17 and 20-263 of the Connecticut General Statutes, as amended, respondent hereby stipulates and agrees as follows:

1. That she waives her right to a hearing on the merits of this matter.

2. That her license to practice hairdressing and cosmetology shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in Chapter 387 of the Connecticut General Statutes, and this Reinstatement Consent Order is executed by all parties.
3. That she shall pay a civil penalty of Six Hundred Dollars (\$600.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." Said civil penalty shall be payable at the time respondent submits the executed Reinstatement Consent Order to the Department.
4. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. That respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
8. That she understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Examining Board for Barbers, Hairdressers and Cosmeticians in which her compliance with §20-263 of the Connecticut General Statutes as amended, is at issue.
9. That this Reinstatement Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum.

Further, that said Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.

10. That this Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
11. That this Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
12. That she has the right to consult with an attorney prior to signing this document.
13. That this Reinstatement Consent Order is a matter of public record.

*

*

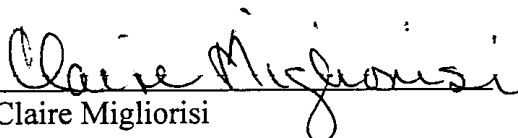
*

*

*

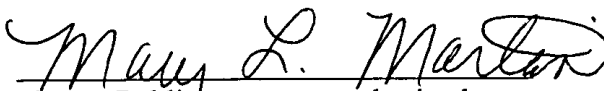
*

I, Claire Migliorisi, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.



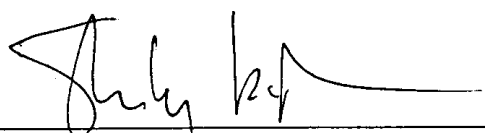
Claire Migliorisi

Subscribed and sworn to before me this 24th day of April 1996.



Notary Public or person authorized
by law to administer an oath or
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 7th day of May, 1996, it hereby ordered and accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

May 10, 1996

CLAIRE E MIGLIORISI
319 THOMASTON R. #6
WATERTOWN, CT 06795

Dear Candidate:

Lic. No. 010077

Your application for reinstatement of your hairdressing/cosmetology license has been reviewed.

Your licensure reinstatement has been approved, under the terms of Department Regulations, Sections 19a-14-1 to 19a-14-5. Your license will be issued following routine processing by the Department of Public Health.

Your original license number, as noted above, has been reassigned to you effective the date of this letter. I have also enclosed a copy of the fully executed Consent Order in accordance which your license is being reinstated.

Renewal of your hairdressing/cosmetology license is required, by law, annually during the month of your birth. If your license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application to the Connecticut Department of Public Health.

State law requires you to notify this office within thirty (30) days of ANY change of name and/or address. Failure to do so could jeopardize the status of your license. Should you have any questions regarding renewal, please contact the Licensure & Registration section at (860) 509-7592.

Respectfully,

A handwritten signature in cursive script that reads "Debra L. Johnson".

Debra L. Johnson
Health Program Associate
Applications, Examinations and Licensure

DLJ:cas
0737V

cc: Kathleen Vella, Staff Attorney, Legal Office
✓ Debra Tomassone, Chief, Licensure and Registration



Phone:
Telephone Device for the Deaf (203) 566-1279
150 Washington Street — Hartford, CT 06106
An Equal Opportunity Employer